

Abdominal pain

1) 21 female with suprapubic pain and nausea for one day ,
3 DDx regarding site?

Ectopic pregnancy, PID, UTI

Right		Left
Gallstones Stomach Ulcer Pancreatitis	Stomach Ulcer Heartburn/ Indigestion Pancreatitis, Gallstones Epigastric hernia	Stomach Ulcer Duodenal Ulcer Biliary Colic Pancreatitis
Kidney stones Urine Infection Constipation Lumbar hernia	Pancreatitis Early Appendicitis Stomach Ulcer Inflammatory Bowel Small bowel Umbilical hernia	Kidney Stones Diverticular Disease Constipation Inflammatory bowel disease
Appendicitis Constipation Pelvic Pain (Gynae) Groin Pain (Inguinal Hernia)	Urine infection Appendicitis Diverticular disease Inflammatory bowel	Diverticular Disease Pelvic pain (Gynae) Groin Pain (Inguinal Hernia)



Introduction for family medicine

2) 4 causes for establish family medicine?

Why family medicine?

1. The recent changes in medicine.
2. The growth of specialization.
3. The fragmentation of the health care delivery system.
4. The social changes.
5. The appearance of a new pattern of illness.
6. The need for better doctor-patient relationship.
7. The high cost of inpatient care.
8. The limitation of resources.

Dizziness

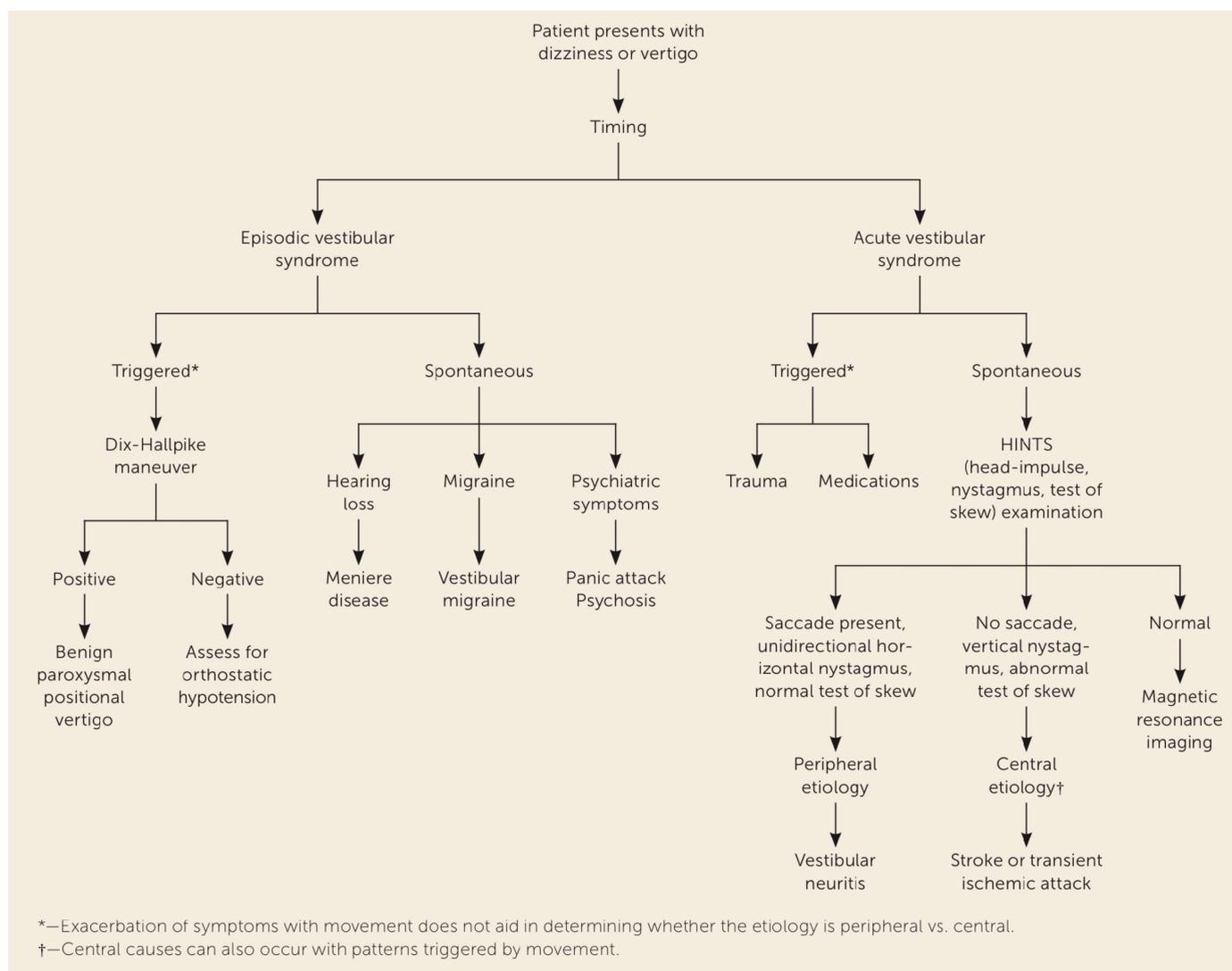
3) patient tested for spontaneous continuous vertigo, name of this test?

HINTS test



-If test were normal, next step?

MRI





DM

4) what is your diagnosis ?

Neuropathic diabetic ulcer

-Periodically test to prevent it?

- Temperature discrimination or pinprick sensation (for small-fiber function)
- Vibration sensation using a 128 hertz (Hz) tuning fork (for large-fiber function).
- Light touch perception with 10-g monofilament testing to identify risk of ulceration and amputation

Adult health maintaince

5)at when strat screening ?

40 years old

-Two another test ?CBE,SBE



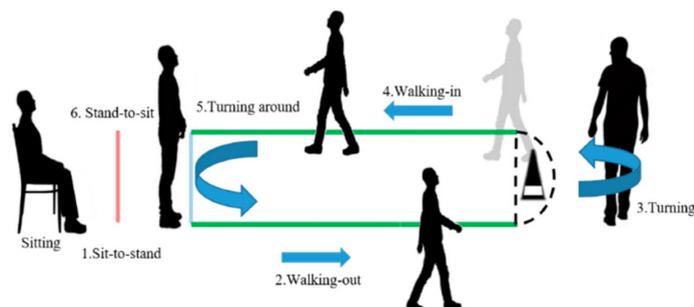
NATIONAL GUIDELINES
RECOMMENDATIONS IN JORDAN FOR WOMEN AT NORMAL RISK

YEARS	SELF-BREAST EXAM	CLINICAL BREAST EXAM	MAMMOGRAM
25 - 39	MONTHLY	ANNUALLY	NOT RECOMMENDED
40 +	MONTHLY	ANNUALLY	ANNUALLY

Comprehensive geriatric assement

6) Interruption for result if result 30sec?

20-30 seconds = walking and balance problems; cannot walk outside alone; requires walking aid, high risk of falls.



-2 interventions?

Fall prevention :

- Offer multifactorial interventions to all patients at high risk of falls focused on addressing individual, modifiable risk factors.
- Offer exercises that target strength, gait, balance, and functional exercises to prevent falls in all community-dwelling adults.
- Perform a medication review.
- Assessment of orthostatic vital signs.
- Vitamin D supplementation if patient has osteoporosis or vitamin D deficiency.
- Other interventions that may reduce the risk of falls in community-dwelling older adults include:
 - Prompt involvement of multidisciplinary team (such as physical or occupational therapy)
 - Home safety interventions
 - Footwear modification
 - Appropriate vision care

Fatigue

7) female with tiredness and unexplained fatigue, she has myalgia and headache and another physical exam is normal , what is your diagnosis ?

Chronic fatigue syndrome/idiopathic chronic fatigue

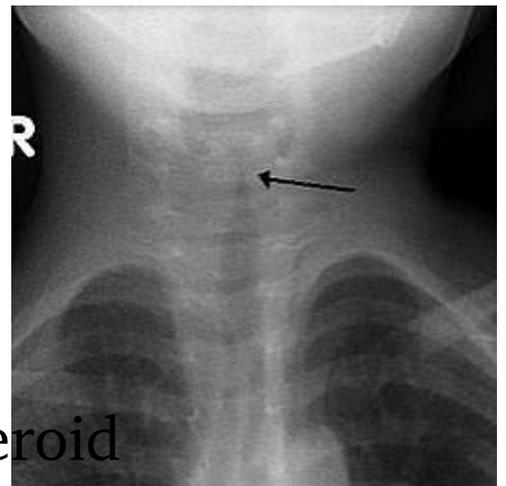
-4 initial investigations?

CBC,CK,TSH,chemistry

URTI

8)What is the name of this sign?

Steeple sign



-treatment ?oral steroid + inhaled steroid

Hypertension

9) 45 years old man with fluctuating hypertension, sometimes 121/80 and sometimes 150/90 he has neck pain also Give me 3 drugs can cause hypertension?

Drugs and other substances, including but not limited to:

- 1) Alcohol
- 2) Caffeine
- 3) Nonsteroidal anti-inflammatory drugs (NSAIDs)
- 4) Decongestants (for example, phenylephrine and pseudoephedrine)
- 5) Systemic corticosteroids
- 6) Immunosuppressants
- 7) Oral contraceptives
- 8) Antidepressants
- 9) Second-generation antipsychotics
- 10) Amphetamines
- 11) Herbal supplements (for example, Ma Huang and St. John's wort)
- 12) Recreational drugs (for example, "bath salts," cocaine, and methamphetamine)
- 13) Angiogenesis inhibitor (for example, bevacizumab) or tyrosine kinase inhibitors (for example, sunitinib and sorafenib)



-If his K:2.9 (3.5-5), what is your diagnosis ?
Hyperaldosteronism

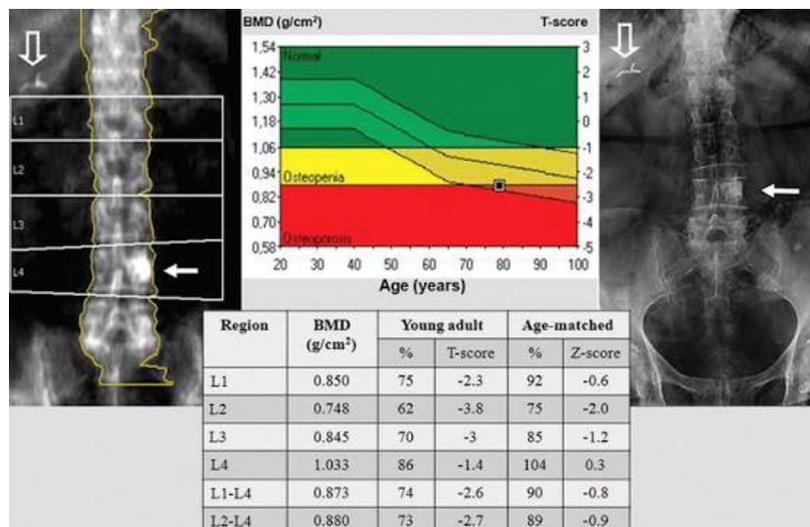
Osteoporosis

10) What is Tscore?

-2.6

-What is your diagnosis ?

Osteoporosis



Dyslipidemia

11) 50 years old male with TG=600, HDL=30 and HTN, DM Co-morbidity, what is your first line drug?

Fibrate

-Give me 2 life style modifications?

1) Diet

B) physical excersice

Dyspepsia

12) patient with postprandial fullnes and early satiety for 6 month and has little improvement on PPI what is your diagnosis ?

Functional dyspepsia

Next step for treatment ?

TCA

Headache

13) bilateral band like headache for more than 15 days in month, what is your diagnosis?

Chronic tension headache

Two red flag for imaging?

Red flags / when to image a headache / when suspect a secondary cause of headache

- Headache starts after 50 of age (temporal arteritis, mass lesion)
- Sudden onset of severe headache (SAH, vascular malformation)
- Headache increasing in frequency and severity although treated
- New onset headache in patients with risk factors for HIV or cancer (brain abscess, meningitis, metastasis)
- Headache with signs of systemic illness (fever, stiff neck, rash)
- Focal neurological signs or seizure (stroke, mass lesion)
- Papilledema (mass lesion, meningitis)
- Headache subsequent head trauma (ICH, subdural hematoma)

Chest pain

14) what the name of this score?

Wells score

Table 5: Wells criteria for Pulmonary Embolism Risk Assessment. IMPORTANT!! to know the components

Clinical signs and symptoms of DVT	No 0	Yes +3
PE is the #1 diagnosis OR equally likely	No 0	Yes +3
Heart rate > 100	No 0	Yes +1.5
Immobilization at least three days OR surgery in the previous four weeks	No 0	Yes +1.5
Previous, objectively diagnosed PE or DVT	No 0	Yes +1.5
Hemoptysis.	No 0	Yes +1
Malignancy w/ treatment within six months or palliative.	No 0	Yes +1

-If result is 1.5 what is your next step?

D-Dimer